

APPENDIX A

Wave 5 Questionnaire

1996 Panel - Wave 5 Topical Modules

Child Support Topical Module

-CS03-

Earlier we recorded that (read above for names of all children) did not have their other parent staying in the household.

ENTER (P) TO PROCEED

-CS04-

Does (child's name) have a parent living elsewhere?

- (1) Yes
 - (2) No
-

-CS05-

There are many reasons why children may not live with both of their biological or adoptive parents. Why doesn't (child's name) have a biological or adoptive parent living outside the household?

- (1) other parent has died
- (2) both parents live in the household
- (3) parents are separated/divorced
- (4) don't want contact with child's other parent
- (5) don't know where child's other parent is
- (6) other parent lives elsewhere
- (7) other parent legally terminated their parental rights
- (8) other parent is no longer recognized as a parent by this household
- (9) child was adopted by a single parent
- (10) other

-CS08-

Earlier we recorded that you had a child support agreement. These next few questions concern child support. Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for (child/children's names)?

- (1) Yes
- (2) No

-CS10-

Which children are covered by a written or verbal child support agreement?

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-CS13-

Were any of these children covered by different child support agreements? By that we mean separate agreements involving different absent parents?

- (1) Yes
- (2) No

-CS14-

How many different child support agreements cover these children?

_____ (number of agreements)

-CS15-

Which of these children were covered by the MOST RECENT child support agreement?

ENTER LINE NUMBERS OF EACH CHILD COVERED BY THE MOST RECENT AGREEMENT

(N) No more

-CS17-

The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT. This is the agreement covering (READ CHILD NAME(S) ABOVE).

Was this a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written verbal agreement?

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) A non-written verbal agreement

-CS18-

In what year was this agreement FIRST reached ?

_____ Year

-CS19-

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$_____ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS21-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS22-

Has the dollar amount ever changed?

- (1) Yes
- (2) No

-CS23-

In what year was the amount LAST changed?

_____ Year

-CS24-

What was the dollar amount for the agreement after the last change?

\$ _____ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS26-

NOTE TO FR:THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS27-

Was that change made or agreed to by a government agency such as a court or child support agency?

- (1) Yes
- (2) No

-CS28-

Were any payments due from (reference month 1) to (reference month 4)?

- (1) Yes
- (2) No

-CS29-

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
- (2) Other parent not working
- (3) Other parent in jail or institution
- (4) Payment suspended by court or child support agency
- (5) Other reason

-CS30-

What is the total amount of child support payments from the most recent agreement that you were supposed to receive during that period?

\$ _____ AMT

-CS32-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS33-

How are these payments supposed to be received? Are they received...
(READ RESPONSES)

- (1) Directly from the other parent
- (2) Through the court?
- (3) Through the welfare or child support agency?
- (4) Some other method

-CS34-

What is the total amount that you actually received in child support payments under that agreement, during that period?

ENTER "N" FOR NONE

\$_____ AMT

-CS36-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CS37-

How regularly were these payments received? Are they received.....
(READ RESPONSES)

(1) All of the time

(2) Most of the time

(3) Some of the time

(4) None of the time

-CS38-

Under the terms of the agreement with the other parent, are you due any back payments for child support owed prior to the last 12 months?

(1) Yes

(2) No

-CS39-

What would you say the amount of back payments due you is (read responses)?

(1) Less than \$500

(2) Between \$500 and \$5,000

(3) More than \$5,000

-CS40-

What kinds of provisions for health care costs are included in the child support agreement? Read all responses, Enter all yes responses.

(ENTER "N" AFTER LAST REPLY)

- (1) Non-custodial parent to provide health insurance
- (3) Non-custodial parent to pay actual medical costs directly
- (4) Child support payments to include cash medical support
- (5) No provisions for health insurance were included in agreement
- (6) Other provisions

-CS41-

What child custody arrangements does the child support agreement for (READ NAMES OF CHILDREN ABOVE) specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other custody arrangement

-CS42-

Does the child support agreement specify the amount of time that the (child/children) will spend with the other parent?

- (1) Yes
- (2) No

-CS44-

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

-CS45-

What is the total amount of time (READ NAMES OF CHILDREN ABOVE) spent with the other parent from (reference month 1) to (reference month 4)?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

_____ Number of days

_____ Number of weeks

_____ Number of Months

-CS46-

Where does the other parent of (READ NAMES OF CHILDREN ABOVE) now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS47-

Do you and the other parent still live in the same State or States where the initial child support agreement was reached?

- (1) Yes
- (2) No

-CS48-

Who moved?

- (1) Subject person
- (2) Other parent
- (3) Both subject person and other parent

-CS49-

Now I would like to ask a few questions specifically about the MOST RECENT NON-WRITTEN CHILD SUPPORT AGREEMENT OR UNDERSTANDING.

In what year was this agreement first reached?

_____ Year

-CS50-

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$_____ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS52-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS53-

Has the dollar amount ever changed?

- (1) Yes
- (2) No

-CS54-

In what year was the amount LAST changed?

_____ Year

-CS55-

What was the dollar amount for the agreement after the last change?

\$_____ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS57-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-CS58-

Were any payments to be received from (reference month 1) to (reference month 4)?

- (1) Yes
- (2) No

-CS59-

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
- (2) Other parent not working
- (3) Other parent in jail or institution
- (4) Other reason

-CS60-

What is the total amount of child support payments from the most recent agreement that you were supposed to receive during that period?

\$_____ AMT

-CS62-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE

(1) BACKUP AND CORRECT

(P) Proceed

-CS63-

What was the total amount that you actually received under that agreement, during that period ?

ENTER "N" FOR NONE

\$_____ AMT

-CS65-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CS66-

How regularly are child support payments received? Are they received.....

(READ RESPONSES)

(1) All of the time

(2) Most of the time

(3) Some of the time

(4) None of the time

-CS67-

Under the terms of the agreement with the other parent, are you due any back payments for child support owed prior to the last 12 months?

(1) Yes

(2) No

-CS68-

What would you say the amount of back payments due you is (read responses)?

- (1) Less than \$500
- (2) Between \$500 and \$5,000
- (3) More than \$5,000

-CS69-

What kinds of provisions for health care costs are included in the child support agreement? Read all responses, Enter all yes responses.

(ENTER "N" AFTER LAST REPLY)

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay actual medical costs directly
- (4) Child support payments include cash medical support
- (5) No provisions for health insurance were included in agreement
- (6) Other provisions

-CS70-

What child custody arrangements does the child support agreement for (READ NAMES OF CHILDREN ABOVE) specify?

- (1) Child(ren) live with mother
- (2) Child(ren) live with father
- (3) Child(ren) live with mother and with father
- (4) None
- (5) Other

-CS71-

Does the child support agreement specify the amount of time that the (child/children) will spend with the other parent?

- (1) Yes
- (2) No

-CS73-

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

-CS74-

What is the total amount of time (READ NAMES OF CHILDREN ABOVE) spent with the other parent from (reference month 1) to (reference month 4)?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

_____ Number of days
_____ Number of weeks
_____ Number of Months

-CS77-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS78-

Was (child's name)'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS79-

Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth certificate?

- (1) Yes
- (2) No

-CS80-

Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

-CS81-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

-CS83-

One reason a parent might not have a written agreement about child support payments is because the child's father was never **LEGALLY IDENTIFIED**. One way to legally identify the child's father is through marriage.

Were you ever married to (child's name)'s father?

- (1) Yes
- (2) No

-CS84-

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS85-

Was (child's name)'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS86-

Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth certificate?

- (1) Yes
- (2) No

-CS87-

Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

-CS88-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

-CS89-

Why was this agreement for (READ NAMES OF CHILDREN ABOVE) never put in writing? (Enter all yes responses. ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS90-

Where does the other parent for this agreement now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS91-

Do you and the other parent still live in the same States(s) where the initial child support agreement was reached?

- (1) Yes
- (2) No

-CS92-

Who moved?

- (1) Subject person
- (2) Other parent
- (3) Both subject person and other parent

-CS94-

Now I would like to ask a few questions about the OTHER CHILD SUPPORT AGREEMENTS you had for (READ NAMES OF CHILDREN ABOVE).

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$_____ AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS96-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CS97-

What is the total amount that you actually received in child support payments under that agreement during that period ?

ENTER "N" IF NOTHING RECEIVED

\$_____ AMT

-CS99-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CS100-

For, (READ NAMES ABOVE), have you ever asked a public agency, such as the child support enforcement office or welfare agency, for help in obtaining child support?

(1) Yes

(2) No

-CS101-

In what year did you LAST ASK for help?

_____ Year

-CS102-

What type of help did you ask for in your last contact? Enter all yes responses.
(ENTER "N" AFTER LAST REPLY)

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

-CS103-

Did you receive any help from the agency as a result of your last contact?

- (1) Yes
- (2) No

-CS104-

What kind of help did you receive as a result of your last contact? Enter all yes responses. (ENTER "N" AFTER LAST REPLY)

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

-CS107-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS108-

Was (child's name)'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS109-

Did (child's name)'s father ever write his OWN signature on the application for (child's name)'s birth certificate?

- (1) Yes
- (2) No

-CS110-

Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

-CS111-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

-CS113-

One reason a parent might not have a written agreement about child support payments is because the child's father was never **LEGALLY IDENTIFIED**. One way to legally identify the child's father is through marriage.

Were you ever married to (child's name)'s father?

- (1) Yes
- (2) No

-CS115-

Do (READ NAMES ABOVE) all have the same father?

- (1) Yes
- (2) No

-CS116-

Was (child's name)'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS117-

Was (child's name)'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS118-

Did (child's name)'s father ever write his OWN signature on the application for (child's name) birth certificate?

- (1) Yes
- (2) No

-CS119-

Other than the application for a birth certificate, did (child's name)'s father ever sign a statement that legally specifies that he is (child's name)'s father?

- (1) Yes
- (2) No

-CS120-

Did (child's name)'s father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (child's name)'s father?

- (1) Yes
- (2) No

-CS123-

Do (READ NAMES ABOVE) all have the same mother or father?

- (1) Yes
- (2) No

-CS124-

Why were child support payments not agreed to or awarded for (child's name)?
(Enter all yes responses, ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS125-

Where does the other parent for (child's name) now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS126-

What is the total amount of time (child's name) spent with the other parent from (reference month 1) to (reference month 4)?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Number of :

_____ Days

or

_____ Weeks

or

_____ Months

-CS128-

Why were child support agreements not agreed to or awarded for (child's name)?

(Enter all yes responses, ENTER "N" AFTER LAST REPLY)

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS129-

Where does the other parent for (child's name) now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS130-

What is the total amount of time (child's name) spent with the other parent from (reference month 1) to (reference month 4)?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Number of:

_____ Days

or

_____ Weeks

or

_____ Months

-CS131-

Were any payments received from the other parent in the last 12 months for (READ NAMES ABOVE)?

(1) Yes

(2) No

-CS132-

What is the total amount that you received from the other parent in the past 12 months?

\$_____ AMT

-CS134-

NOTE TO FR: THE AMOUNT YOU HAVE ENTERED IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CS135-

For ANY of the children we have discussed, did the child's other parent or parents provide any non-cash items during the last 12 months? Such items would include things such as diapers or clothing, or services such as child care.

(1) Yes

(2) No

SCHOOL ENROLLMENT AND FINANCING TOPICAL MODULE

-SE_02-

Next I'll ask questions about school enrollment over the PAST 12 MONTHS.

While I recorded that you were NOT enrolled in school in the last 4 months, I also recorded that you were enrolled in school since [month 5] 1996.

Is this correct?

- (1) Yes
- (2) No

-SE_03-

Next I'll ask questions about school enrollment over the PAST 12 MONTHS.

I recorded that you were NEVER enrolled in school during the PAST 12 MONTHS.

Is this correct?

- (1) Yes
- (2) No

-SE_04A-

During the period(s) of enrollment in the PAST 12 MONTHS, were you enrolled MOSTLY full-time or part-time?

- (1) Full-time
- (2) Part-time

-SE_04B-

I recorded that you were enrolled [full-time/part-time] in school sometime during the last 4 months.

However, we are also interested in your school enrollment over the PAST 12 MONTHS.

During the period(s) of enrollment in the PAST 12 MONTHS, were you enrolled MOSTLY full-time or part-time?

(1) Full-time

(2) Part-time

-SE05-

At what level or grade were you enrolled for MOST of the past 12 months?

(1) Elementary grades 1-8

(2) High School grades 9-12

(3) College year 1 (Freshman)

(4) College year 2 (Sophomore)

(5) College year 3 (Junior)

(6) College year 4 (Senior)

(7) College year 5 (First year graduate or professional school)

(8) College year 6+ (Second year or higher in graduate or professional school)

(9) Vocational, technical, or business school beyond high school level

(10) Enrolled in college, but not working towards degree

-SE07-

In what STATE were you going to school for MOST of the past 12 months?

[List of U.S. State Codes]

-SE08-

What is the NAME of the school that you were enrolled in for MOST of the time in the past 12 months?

PROBE: If necessary, ask: "What city or town is that in?", "Does your school go by any other name?"

STATE = [state code]

[List of Colleges and Universities]

-SE09-

FR NOTE: DO NOT READ TO RESPONDENT

You entered the following school information.

STATE = [state code]

[Reported college or university]

Is that correct?

- (1) Yes
 - (2) No
-

-SE10-

What was the name of the school?

-SE11-

What city or town is that in?

-SE12-

Was your school a public or private school?

- (1) Public
- (2) Private

-SE14-

What degree or certificate were you working toward for MOST of the time enrolled?

- (1) Associate degree - Occupational
- (2) Associate degree - General Arts and Sciences
- (3) Bachelor's
- (4) Master's
- (5) Doctorate
- (6) Professional (MD, DDS, DVM, Law, etc)
- (7) Other License, Diploma, or Certificate
- (8) Enrolled in college, but not working towards a degree

-SE15-

What was your major field of study?

FR NOTES: If necessary, show FLASHCARD AA.

- (1) Agriculture or forestry
- (2) Biological science (law enforcement, drafting, etc)
- (3) Business, commerce, accounting management
- (4) Computer science
- (5) Education
- (6) Engineering
- (7) English or journalism
- (8) Health, nursing, medical
- (9) Home economics
- (10) Law
- (11) Liberal arts or humanities (arts, religion, music, languages, philosophy, etc)
- (12) Mathematics or Statistics
- (13) Physical or earth science
- (14) Social sciences (history, economics, sociology, psychology, political science, etc)
- (15) Vocational-technical studies
- (16) Other
- (17) No major

-SE16-

During the PAST 12 MONTHS, what was the total cost of your tuition and fees?

(N) None

\$ _____

-SE17-

Was this the FULL cost for tuition and fees, or was it a reduced amount because you received some kind of a tuition reduction, scholarship, or other assistance?

- (1) Yes, full costs
- (2) No, lowered costs

-SE18-

Did you pay no tuition or fees because the school is free, or because you received a tuition waiver, scholarship, or other assistance?

- (1) No tuition is required
- (2) Received a tuition waiver, scholarship, or other assistance

-SE19-

What would have been the total cost of tuition and fees if you had NOT received assistance?

\$ _____

-SE20-

During the PAST 12 MONTHS, what was the total cost of your books, supplies and other equipment before any discounts or waivers?

(N) None

\$ _____

-SE21-

While you were attending school during the PAST 12 MONTHS, did you live with your parents or guardians?

- (1) Yes
- (2) No

-SE23-

During the PAST 12 MONTHS, what was the total cost of your room and board before any discounts or waivers?

(N) None

\$ _____

-SE24-

During the PAST 12 MONTHS, how much was spent on your transportation to your permanent home?

(N) None

\$ _____

-SE26-

I have recorded that during the PAST 12 MONTHS you received the following types of educational assistance:

[List of educational assistance reported]

Is this correct?

(1) Yes

(2) No

-SE27-

Did you receive any other kind of educational assistance during the PAST 12 MONTHS?

(1) Yes

(2) No

-SE28-

Were any of your educational expenses during the PAST 12 MONTHS paid for by any type of educational assistance or financial aid such as loans, grants, scholarships, employer assistance, veteran's benefits, or any other types of financial aid?

- (1) Yes
- (2) No

-SE29-

What type of educational assistance did you receive during the PAST 12 MONTHS? Anything else? (ENTER "N" AFTER LAST ENTRY.)

FR NOTES: If necessary, show FLASHCARD J.

- (1) Federal PELL Grant
- (2) Assistance from the Department of Veteran's affairs (VA), such as GI or Montgomery Bill, Survivors and Dependents, other Veterans Administration Educational Assistance Programs
- (3) College (or Federal) Work Study Program
- (4) Any other Federal Grant or program: for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- (5) A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- (6) A grant, scholarship, or tuition remission from the school attended
- (7) A teaching or research assistantship from the school attended
- (8) A grant or scholarship from the state, such as SSIGP, Douglas Scholarships
- (9) A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc
- (10) Assistance provided by [fill hisher] employer
- (11) Aid from some other source (EXCLUDE all direct aid from parents including trusts or college savings funds)

-SE30-

How much did you receive in the PAST 12 MONTHS from the following?

[List of assistance]

\$ _____

-SE32-

I recorded that you received money from a student loan. Did you sign for this loan, did someone else sign the loan, or did you cosign with someone else?

- (1) You only signed
- (2) Someone else signed
- (3) Both you and someone else signed

-SE33-

What is the relationship of the signer to you?

- (1) Parent or guardian
- (2) Spouse
- (3) Someone else

-SE34-

What is the relationship of the cosigner to you?

- (1) Parent or guardian
- (2) Spouse
- (3) Someone else

-SE35-

Aside from student aid, loans, and family support, how much did you contribute to your education costs over the PAST 12 MONTHS?

(N) None

\$ _____

-SE50-

Were you claimed as a dependent on your parent's or guardian's tax form for 1996 (filed in April, 1997)?

- (1) Yes
- (2) No

-SE38-

I recorded that you received financial assistance from your employer. Does your employer require you to attend school to maintain skills at your current job, to retrain for another job, for a promotion or higher salary, or for some other reason? (Choose only one.)

- (1) Yes, requirement for MAINTAINING skills in current job
- (2) Yes, requirement for RETRAINING for another job
- (3) Yes, requirement for PROMOTION/HIGHER SALARY
- (4) No, some other reason or not required by employer

-SE39-

Are you required to receive a minimum grade or higher in your coursework to receive tuition assistance from your employer?

- (1) Yes
- (2) No

-SE40-

Are you required to continue working with your employer after completion of coursework in order to receive your employer's tuition assistance?

- (1) Yes
- (2) No

-SE41-

For how many months are you required to stay after completing the coursework?

- (1-60) Months
- (N) Less than 1 month

-SE42-

Does the coursework have to be related to your current work in order to receive your employer's tuition assistance?

- (1) Yes
- (2) No

-SE43-

Are you allowed to take classes during work hours?

(1) Yes

(2) No

-SE44-

Are you paid by your employer for time spent in class?

(1) Yes

(2) No

SUPPORT FOR NON-HOUSEHOLD MEMBERS

-SUP01-

During the past 12 months, did you make payments for the support of your child or children under 21 years of age who live outside the household?

FR NOTE: Do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.

(1) Yes

(2) No

-SUP02-

Did you make regular payments, lump-sum payments, or some other kind of payment?

FR NOTE: CHECK ALL THAT APPLY

Enter "N" for no more.

(1) Regular payments

(2) Lump sum payments

(3) Other

-SUP03-

For how many children did you make support payments?

Number of Children: _____

-SUP04-

How many of these children were under 18 years of age?

Number of Children: _____

-SUP05-

Were any of these payments the result of a court order or some other kind of agreement?

- (1) Yes
- (2) No

-SUP06-

The next few questions concern the most recent child support agreement for your children.

How many children were covered by that agreement?

Number of Children: _____

-SUP07-

Was this agreement a :

FR: READ ALL CATEGORIES

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) Non-written agreement

-SUP08-

In what year was this agreement FIRST reached?

Year: _____

-SUP09-

Has the dollar amount agreed to originally ever been changed?

- (1) Yes
- (2) No

-SUP10-

In what year was the amount last changed?

Year: _____

-SUP11-

Was this change made or agreed to by a court or child support agency?

(1) Yes

(2) No

-SUP12-

Are you still supposed to pay child support?

(1) Yes

(2) No

-SUP13-

How much did you pay in child support under this agreement during the past 12 months?
ENTER "N" FOR NONE

Amount: \$ _____

-SUP14-

Were these payments made -

FR NOTE: READ ALL CATEGORIES

(1) Through employment related wage withholding?

(2) Directly to the other parent?

(3) Directly to the court?

(4) Directly to a child support agency?

(5) By some other method?

-SUP15-

What kinds of provisions for health care costs were included in the child support agreement?

Mark all that apply.

Enter "N" for no more.

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay medical costs directly
- (4) Child support payments to include cash medical support
- (5) Other provision
- (6) No provisions for health insurance or expenses

-SUP16-

What child support custody arrangement does the child support agreement specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other-Specify

-SUP17-

Does the child support agreement specify the amount of time you may spend with your (child/children)?

- (1) Yes
- (2) No

-SUP18-

What is the total amount of time you spent with your (child/children) under age 21 during the last 12 months?

FR: Allow one response in one category only. Enter "N" for NONE.

Days: _____

Weeks: _____

Months: _____

-SUP19-

We talked about the most recent support agreement. Was there any other agreement that covered your other (child/children) under age 21 living outside of this household?

(1) Yes

(2) No

-SUP20-

How much did you pay in child support for your (child/children) during the past 12 months?

ENTER "N" FOR NONE.

Amount:\$ _____

-SUP21-

Did you make any payments for any other of your children under age 21 living outside the household without any kind of child support agreement in place?

(1) Yes

(2) No

-SUP22-

What is the total amount of the payments you made on behalf of your children under age 21 in the last 12 months?

Amount: \$ _____

-SUP23-

What is the total amount of time you spent with your (child/children) under age 21 during the past 12 months?

FR: Allow one response in one category only. Enter "N" for NONE.

Days: _____

Weeks: _____

Months: _____

-SUP24-

During the past 12 months, did you make regular or lump sum payments for the support of any other person not living in your household?

(1) Yes

(2) No

-SUP25-

For how many other persons did/do you make support payments?

Persons: _____

-SUP26-

How is this person you make support payments for related to you?

(1) Parent

(2) Spouse

(3) Ex-spouse

(4) Child under 21

(5) Child over 21

(6) Other relative

(7) Not related

-SUP27-

Where was this person most often living during the past 12 months?

FR: READ ALL CATEGORIES

- (1) Private home or apartment
- (2) Nursing home
- (3) Someplace else

-SUP28-

How much did you pay for the support of this person during the past 12 months?

Amount: \$ _____

-SUP30-

How is this person you make support payments for related to you?

- (1) Parent
- (2) Spouse
- (3) Ex-spouse
- (4) Child under 21
- (5) Child over 21
- (6) Other relative
- (7) Not related

-SUP31-

Where was this person most often living during the past 12 months?

FR: READ ALL CATEGORIES

- (1) Private home or apartment
- (2) Nursing home
- (3) Someplace else

-SUP32-

How much did you pay for the support of this person during the past 12 months?

Amount: \$ _____

-SUP34-

How much did you pay for the support of other persons that we have not talked about during the past 12 months?

Amount: \$ _____

ADULT DISABILITY TOPICAL MODULE

-ADQ1-

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair
- (5) Poor

-ADQ2-

MARK BY OBSERVATION IF APPARENT.

Do you use any of the following aids?

(1) Yes (2) No

a. A cane, crutches, or a walker?

b. A wheelchair or an electric scooter?

c. A hearing aid?

-ADQ3-

Have you used a cane, crutches, or a walker for six months or longer?

- (1) Yes
- (2) No

-ADQ4-

Do you have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if you usually wear(s) them?

- (1) Yes
- (2) No
- (3) Person is Blind

-ADQ5-

Are you able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

-ADQ6-

Do you have difficulty hearing what is said in a normal conversation with another person even when wearing your hearing aid? Do you have difficulty hearing what is said in a normal conversation with another person?

- (1) Yes
- (2) No
- (3) Person is deaf

-ADQ7-

Are you able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-ADQ8-

Do you have difficulty having your speech understood?

FR NOTE: DO NOT enter "1" for "Yes" if the person has trouble simply because they speak a language other than English.

- (1) Yes
- (2) No

-ADQ9-

In general, are people able to understand your speech at all?

- (1) Yes
- (2) No

-ADQ10-

Do you have any difficulty lifting and carrying something as heavy as 10 pounds - such as a bag of groceries?

- (1) Yes
- (2) No

-ADQ11-

Are you able to lift and carry this much weight at all?

- (1) Yes
- (2) No

-ADQ12-

Would you have any difficulty lifting and carrying something heavier - say a 25 pound bag of pet food?

- (1) Yes
- (2) No

-ADQ13-

Would you be able to lift and carry a 25 pound bag of pet food at all?

- (1) Yes
- (2) No

-ADQ14-

Do you have any difficulty pushing or pulling large objects such as a living room chair?

- (1) Yes
- (2) No

-ADQ15-

Are you able to push or pull such large objects at all?

- (1) Yes
- (2) No

-ADQ16-

Do you have any difficulty -

(1) Yes (2) No

a. Standing or being on your feet for one hour?

b. Sitting for one hour?

c. Stooping, crouching, or kneeling?

d. Reaching over head?

-ADQ17-

Do you have difficulty using your hands and fingers to do things such as picking up a glass or grasping a pencil?

(1) Yes

(2) No

-ADQ18-

Are you able to use your hands and fingers to grasp and handle at all?

(1) Yes

(2) No

-ADQ19-

Do you have any difficulty walking up a flight of 10 stairs?

(1) Yes

(2) No

-ADQ20-

Are you able to walk up a flight of 10 stairs at all?

(1) Yes

(2) No

-ADQ21-

Do you have any difficulty walking a quarter of a mile - about 3 city blocks?

- (1) Yes
- (2) No

-ADQ22-

Are you able to walk a quarter of a mile at all?

- (1) Yes
- (2) No

-ADQ23-

Do you have any difficulty using an ordinary telephone?

- (1) Yes
- (2) No

-ADQ24-

Are you able to use an ordinary telephone at all?

- (1) Yes
- (2) No

Because of a physical or mental health condition, do you have difficulty doing any of the following by yourself?

FR NOTE: EXCLUDE THE EFFECTS OF TEMPORARY CONDITIONS - IF AN AID IS USED, ASK WHETHER THE PERSON HAS DIFFICULTY WHEN USING THE AID.

(1) Yes (2) No

- a. Getting around INSIDE the home?
- b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
- c. Getting in and out of bed or a chair?
- d. Taking a bath or shower?
- e. Dressing?
- f. Walking?
- g. Eating?
- h. Using or getting to the toilet?
- i. Keeping track of money or bills?
- j. Preparing meals?
- k. Doing light housework such as washing dishes or sweeping a floor?
- l. Taking the right amount of prescribed medicine at the right time?

Do you need the help of another person with :

FR NOTE: Read activity listed

(1) Yes (2) No

- a. Getting around INSIDE the home?
- b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
- c. Getting in and out of bed or a chair?
- d. Taking a bath or shower?
- e. Dressing?
- f. Walking?
- g. Eating?
- h. Using or getting to the toilet?
- i. Keeping track of money and bills?
- j. Preparing meals?
- k. Doing light housework such as washing dishes or sweeping a floor?
- l. Taking the right amount of prescribed medicine at the right time?

-AD27A-

You have said you need(s) the help of another person with one or more activities. Who generally helps you with these activities?

Mark only one.

First Helper

RELATIVE

- (1) Son
- (2) Daughter
- (3) Spouse
- (4) Parent
- (5) Other relative

NONRELATIVE

- (6) Friend or Neighbor
- (7) Paid help
- (8) Other nonrelative

Did not receive help

- (9) Did not receive help

-AD27B-

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is the person who generally helps you with these activities a member of this household?

Enter line number of person, or N if not a household member

-AD27C-

Does anyone else help you with these activities?

Mark only one.

NO ONE ELSE HELPED

(1) No one else helped

RELATIVE

(2) Son

(3) Daughter

(4) Spouse

(5) Parent

(6) Other relative

NONRELATIVE

(7) Friend or Neighbor

(8) Paid help

(9) Other nonrelative

-AD27D-

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is this person a member of this household?

Enter line number of person, or N if not a household member

-ADQ29-

For how long have you needed help of another person?

(1) Less than 6 months

(2) 6 to 11 month

(3) 1 to 2 years

(4) 3 to 5 years

(5) More than 5 years

-ADQ30-

During the past month, did you or your family pay for any of the help that you received?

(1) Yes

(2) No

-ADQ31-

How much was paid for such help?

\$_____ Enter (\$0-\$999999) or (N) for none

-ADQ32-

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have difficulty with certain activities. Which condition or conditions cause these difficulties?

Any Others?

Enter (N) for None or no more.

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

-ADQ33-

I have recorded that your health is fair. Which condition or conditions cause your health problems?

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

Enter (H) for list of health conditions.

Any Others?

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Mark all that apply; Enter (N) for None or no more

-ADQ34-

Is this condition the result of a motor vehicle accident? Are any of these conditions the result of a motor vehicle accident?

(1) Yes

(2) No

-ADQ35-

Which of the conditions that you mentioned do you consider to be the main reason for your difficulties?

PRESS (H) TO SEE A LIST OF CONDITIONS

Main condition

-ADQ36-

When did (name of condition or main condition) first begin to bother you?

(S) Since birth

_____ Year

-ADQ36B-

Do you know what month?

_____ Month

-ADQ37-

Have you had this condition for at least 5 months?

(1) Yes

(2) No

-ADQ38-

Is this condition expected to last for at least 12 more months?

- (1) Yes
- (2) No

-ADQ39-

Do you have -

- (1) Yes (2) No

- a. A learning disability such as dyslexia?
- b. Mental retardation?
- c. A developmental disability such as autism or cerebral palsy?
- d. Alzheimer's disease or any other serious problem with confusion or forgetfulness?
- e. Any other mental or emotional condition?

-ADQ40-

Are you frequently depressed or anxious?

- (1) Yes
- (2) No

-ADQ41-

Do you have -

- (1) Yes (2) No

- a. A lot of trouble getting along with other people and making and keeping friendships?
- b. A lot of trouble concentrating long enough to finish everyday tasks?
- c. A lot of trouble coping with day-to-day stresses?

-ADQ42-

During the past 12 months, did the problems just mentioned seriously interfere with your ability to manage everyday activities?

- (1) Yes
- (2) No

-ADQ43-

Do you have a long-lasting physical or mental condition that has made it difficult to remain employed or to find a job?

- (1) Yes
- (2) No

-ADQ44-

Does your health or condition prevent you from working at a job or business?

- (1) Yes
- (2) No

-ADQ45-

Do you have a physical, mental, or other health condition that limits the kind or amount of work you can do around the house?

- (1) Yes
- (2) No

-ADQ46-

Does your health or condition completely prevent you from doing work around the house?

- (1) Yes
- (2) No

-ADQ47-

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have a limitation in working. Which condition or conditions cause this limitation

Enter (H) for list of health conditions

Enter (N) for None or no more

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Any Others?

-ADQ48-

Which of the conditions that you mentioned do you consider to be the main reason for your limitation?

PRESS (H) TO SEE A LIST OF CONDITIONS

-ADQ49-

In the last 12 months, have you applied for social security disability benefits for yourself?

(1) Yes

(2) No

CHILD DISABILITY TOPICAL MODULE

-CDIN-

The questions in this section ask about any physical or mental conditions which your children may have.

PRESS "ENTER" TO CONTINUE

-CDQ1A-

Does (child's name) have a serious physical or mental condition or a developmental delay that limits ordinary activities?

- (1) Yes
- (2) No

-CDQ1B-

Does (child's name) have a long-lasting condition that limits his/her ability to move his/her arms or legs?

- (1) Yes
- (2) No

-CDQ1C-

Does (child's name) have a long-lasting condition that limits his/her ability to walk, run, or play?

- (1) Yes
- (2) No

-CDQ3-

Because of a physical, learning, or mental condition, does (child's name) have any limitations in his/her ability to do regular school work?

- (1) Yes
- (2) No

-CDQ4-

Has (child's name) ever received special education services?

- (1) Yes
- (2) No

-CDQ5-

Is (child's name) currently receiving special education services?

- (1) Yes
- (2) No

-CDQ6-

Does (child's name) have:

- (1) Yes (2) No

a. A learning disability such as dyslexia?

b. Mental retardation?

c. A developmental disability such as autism or cerebral palsy?

d. Any other developmental condition for which he/she has received therapy or diagnostic services?

-CDQ7-

MARK BY OBSERVATION IF APPARENT:

Does (child's name) use any of the following aids?

- (1) Yes (2) No

a. A cane, crutches, or a walker?

b. A wheelchair or an electric scooter?

c. A hearing aid?

-CDQ8-

Has (child's name) used a cane, crutches, or a walker for six months or longer?

- (1) Yes
- (2) No

-CDQ9-

Does (child's name) have difficulty seeing the words and letters in ordinary newspaper print, even when wearing glasses or contact lenses if he/she usually wears them?

- (1) Yes
- (2) No
- (3) Person is Blind

-CDQ10-

Is (child's name) able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

-CDQ11-

Does (child's name) have difficulty hearing what is said in a normal conversation with another person even when wearing his/her hearing aid?

Does (child's name) have difficulty hearing what is said in a normal conversation with another person?

- (1) Yes
- (2) No
- (3) Person is Deaf

-CDQ12-

Is (child's name) able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-CDQ13-

Does (child's name) have any difficulty having his/her speech understood?

- (1) Yes
- (2) No

-CDQ14-

In general, are people able to understand (child's name)'s speech at all?

- (1) Yes
- (2) No

-CDQ15-

Does (child's name) have a long-lasting condition that limits his/her ability to walk, run, or take part in sports and games?

- (1) Yes
- (2) No

-CDQ16-

Because of a long-lasting physical or mental condition does (child's name) have any difficulty getting around INSIDE the home by himself/herself?

- (1) Yes
- (2) No

-CDQ17-

Does (child's name) need the help of another person with getting around inside the home?

- (1) Yes
- (2) No

-CDQ18-

Does (child's name) have any difficulty getting in and out of bed or a chair by himself/herself?

- (1) Yes
- (2) No

-CDQ19-

Does (child's name) need the help of another person with getting in and out of bed or a chair?

- (1) Yes
- (2) No

-CDQ20-

Does (child's name) have any difficulty taking a bath or shower by himself/herself?

- (1) Yes
- (2) No

-CDQ21-

Does (child's name) need the help of another person with taking a bath or shower?

- (1) Yes
- (2) No

-CDQ22-

Because of a long-lasting condition does (child's name) have any difficulty putting on his/her clothing by himself/herself?

- (1) Yes
- (2) No

-CDQ23-

Does (child's name) need the help of another person with putting on his/her clothing?

- (1) Yes
- (2) No

-CDQ24-

Does (child's name) have any difficulty eating food by himself/herself?

- (1) Yes
- (2) No

-CDQ25-

Does (child's name) need the help of another person with eating food?

- (1) Yes
- (2) No

-CDQ26-

Does (child's name) have any difficulty using or getting to the toilet by himself/herself?

- (1) Yes
- (2) No

-CDQ27-

Does (child's name) need the help of another person with using or getting to the toilet?

- (1) Yes
- (2) No

-CDQ28-

Does (child's name) have an emotional or mental condition that makes it difficult to play with or get along with other children of the same age?

- (1) Yes
- (2) No

-CDQ29-

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that (child's name) has difficulty with certain activities. Which condition or conditions cause this difficulty?

Any others?

Enter (N) for None or No More.

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

-CDQ30-

Is this condition the result of a motor vehicle accident?

Are any of these conditions the result of a motor vehicle accident?

(1) Yes

(2) No

EMPLOYER PROVIDED HEALTH BENEFITS TOPICAL MODULE

-HB03-

Now I have a few questions about whether you could receive health insurance from your employer.

Note to FR: These questions refer to the employer from the last week of the reference period.

PRESS "ENTER" TO CONTINUE.

-HB04-

Does your employer offer a health insurance plan to ANY of its employees?

- (1) Yes
- (2) No

-HB05-

Why are you not covered by this plan?

- (1) Ineligible
- (2) Denied coverage
- (3) Elected not be covered
- (4) Other

-HB06-

Specify the exact "OTHER" reason you were not covered by this plan.

-HB07-

Why were you ineligible?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Probationary period not completed
- (2) Contract or temporary employee
- (3) Part-time employee
- (4) Other

-HB08-

Specify the exact "OTHER" reason you were ineligible for health insurance.

-HB09-

Why were you denied coverage?

- (1) Turned down based on pre-existing condition
 - (2) Turned down based on age
 - (3) Other
-

-HB10-

Specify the exact "OTHER" reason you were denied coverage.

-HB11-

Why did you choose not to be covered?

SHOW FLASHCARD DD (READ EACH CATEGORY)
MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (01) Covered by other health insurance
 - (02) Have medical savings account
 - (03) Plan had no family coverage
 - (04) Plan too costly
 - (05) Plan did not cover pre-existing conditions
 - (06) Plan had too many limitations on coverage
 - (07) Do not need or want coverage
 - (08) Do not believe in health insurance
 - (09) Had insurance but canceled it because of dissatisfaction
 - (10) Other
-

-HB12-

Specify the reason you chose not to be covered.

-HB13-

In offering health insurance, did your employer offer you the opportunity to choose:

SHOW FLASHCARD EE
READ EACH CATEGORY

MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

- (1) Cash deposited in a 401(k) plan instead of health benefits?
- (2) Cash or a salary bonus instead of health benefits?
- (3) A high deductible health insurance plan combined with a Medical Savings Account (MSA)
- (4) Tax-free employee contributions to a Flexible Spending Account (FSA)
- (5) Other benefits (e.g. life insurance, day care, vacation) in place of health benefits

-HB15-

Now I have a few questions about your health insurance plan.

PRESS "ENTER" TO CONTINUE.

-HB17-

Was your health insurance coverage obtained through:

Note to FR: READ EACH CATEGORY

- (1) Spouse's group/employer plan
- (2) Other private group plan
- (3) An individually purchased policy
- (4) Other health insurance

-HB18-

Specify the "OTHER" health insurance policy.

-HB20-

Can you obtain coverage under this plan for your spouse and other family or non-family members?

- (1) Yes
- (2) No

-HB22-

Who may obtain coverage under this plan?

MARK ALL THAT APPLY

ENTER (N) FOR NONE OR NO MORE

- (1) Spouse
- (2) Children
- (3) Grandchildren
- (4) Other family members
- (5) Non-family members

-HB24-

Why did you choose NOT to obtain coverage for (child's name)?

**MARK THE MAIN REASON

**CATEGORY 4 WAS CHANGED AND CATEGORY 9 WAS ADDED

- (1) Child is covered by Medicaid
- (2) Child is covered by Medicare
- (3) Child is covered by other private policy
- (4) Child is covered by the group policy of someone not living in this household
- (5) Too costly to obtain coverage for child
- (6) Plan did not cover pre-existing conditions of child
- (7) Child is in good health
- (8) Other reason
- (9) Child is covered by the group policy of someone else living in this household

-HB25-

Specify the exact "OTHER" reason you chose not to obtain coverage for your children who are eligible under this plan.

-HB27-

How much do you pay for your health plan?

\$ _____ AMT

-HB28-

NOTE TO FR ---- The amount entered is unusually large.

- (1) Backup and correct
- (P) Proceed

-HB29-

How often do you pay this amount?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Semi-annually
- (6) Annually
- (7) Other

-HB30-

Specify the exact "OTHER" amount of time that you pay.

-HB32-

Do your contributions for your health plan receive special tax treatment? For example, are your contributions through a premium reimbursement account, often called a premium conversion plan?

- (1) Yes
- (2) No

-HB34-

When you left that employer did your share of the premium increase?

- (1) Yes
- (2) No

-HB36-

How long after you left that employer can this health plan continue to be in effect?

- (1) Until age 65 or Medicare eligibility
- (2) Less than 1 month
- (3) 1 to 18 months
- (4) 19 to 36 months
- (5) More than 36 months
- (6) For life

-HB38-

Does your health plan cover Medicare coinsurance and deductibles?

- (1) Yes
- (2) No

-HB39-

In offering health insurance, did your employer offer you the opportunity to choose:

READ EACH CATEGORY

MARK ALL THAT APPLY

ENTER (N) FOR NONE OR NO MORE

- (1) Cash deposited in a 401(k) plan instead of health benefits?
- (2) Cash or a salary bonus instead of health benefits?
- (3) A high deductible health insurance plan combined with a Medical Savings Account (MSA)
- (4) Tax-free employee contributions to a Flexible Spending Account (FSA)
- (5) Other benefits (e.g. life insurance, day care, vacation) in place of health benefits

-HB40-

The next few questions are about the characteristics of your health insurance. We are interested in knowing if your current plan is an HMO, that is, a Health Maintenance Organization.

- (P) Proceed
- (H) Help

-HB42-

Is your plan an HMO?

- (1) Yes
- (2) No

-HB43-

Does your insurance plan require you to sign up with a certain primary care doctor, group of doctors, or with a certain clinic to which you must go for all of your routine care?

- (1) Yes
- (2) No

-HB44-

Is there a book or list of doctors associated with the plan?

- (1) Yes
- (2) No

-HB45-

If you DO NOT have a referral, will your plan pay for any of the costs of visits to doctors who are NOT associated with your plan?

- (1) Yes
- (2) No

-HB47-

Did your employer offer more than one health insurance plan from which to choose, or was your plan the only choice?

- (1) Employer offers more than one plan to choose from
- (2) Respondent's plan is the only one

-HB49-

In addition to the kind of plan you chose, did your employer offer any traditional health insurance plans that let you choose your own doctor and that reimburse you or pay the doctor directly following submission of medical bills?

- (1) Yes
- (2) No

-HB50-

In addition to the kind of plan you chose, did your employer offer any health insurance plans through Health Maintenance Organizations, HMOs?

- (1) Yes
- (2) No
- (H) Help

-HB51-

Does your employer provide any educational materials to help you make your choice?

- (1) Yes
- (2) No

-HB52-

Did the educational materials provide an easy way to compare the costs, benefits, quality or any differences between the plans?

- (1) Yes
- (2) No

-HB53-

Do you or a family member have a pre-existing medical condition that is not covered by this plan?

- (1) Yes
- (2) No

-HB55-

Now I would like to ask you a few questions about long term care insurance that may be offered by your employer.

PRESS "ENTER" TO CONTINUE.

-HB56-

Does your employer offer a plan to any of its employees that provides nursing home or home care coverage for long-term care needs to employees or family members?

- (1) Yes
- (2) No

-HB57-

Are you covered under this long term care plan?

- (1) Yes
- (2) No

-HB58-

Does your employer pay for all, part, or none of the costs of the plan?

- (1) All
- (2) Part
- (3) None

-HB59-

How much do you pay for your long term care plan?

\$ _____ AMT

-HB60-

NOTE TO FR ----The amount entered is unusually large.

- (1) Backup and correct
- (P) Proceed

-HB61-

How often do you pay this amount?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Semi-annually
- (6) Annually
- (7) Other

-HB62-

Specify the exact "OTHER" amount of time that you pay.

-HB64-

Now I want to ask you a few questions about your employer's health insurance plan(s).

PRESS "ENTER" TO CONTINUE.

-HB65-

If you were to retire from this job, would you be able to obtain health insurance from your current employer at your employer's group rate throughout your retirement years?

- (1) Yes
- (2) No

-HB66-

If you were to retire, could you continue the health insurance plan at your employer's group rate until age 65?

- (1) Yes
- (2) No

-HB67-

Do you expect that your employer would pay for all, part, or none of the cost of this health plan after retirement?

- (1) All
- (2) Part
- (3) None

-HB68-

Can retirees obtain coverage under this plan for spouses and other family or non-family members?

- (1) Yes
- (2) No

-HB69-

Who may obtain coverage under this plan?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Spouse
- (2) Children
- (3) Grandchildren
- (4) Other family members
- (5) Non-family members

-HB72-

Now I have some additional questions about any prior job you had which may have provided health insurance benefits.

PRESS "ENTER" TO CONTINUE.

-HB73-

Have you ever worked at a paid job for one year or more?

- (1) Yes
- (2) No

-HB75-

Please answer the following questions about the job or business you retired from.

PRESS "ENTER" TO CONTINUE.

-HB76-

Please answer the following questions about your most recent job.

PRESS "ENTER" TO CONTINUE.

-HB77-

These next few questions are about the availability of health insurance from your former employer.

Did your former employer offer health insurance coverage to its employees?

- (1) Yes
 - (2) No
-

-HB78-

Were you covered by the employer health plan on the last day you worked for that employer?

- (1) Yes
 - (2) No
-

-HB79-

Did you continue this coverage after you left that employer?

- (1) Yes
 - (2) No
-

-HB80-

Did you continue your coverage through COBRA or as a retiree health benefit?

- (1) COBRA
- (2) Retiree health benefit
- (H) Help

-HB81-

What are the main reason(s) you are no longer covered by this plan?

SHOW FLASHCARD FF

Note to FR: If respondent appears to have difficulty reading the flashcard, then read categories to the respondent.

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Eligibility period expired
- (2) Too expensive
- (3) Covered by another plan
- (4) Did not want or need coverage
- (5) Medicare coverage
- (6) Had to be eligible for a pension
- (7) Retirement requirement not met
- (8) Retirees not covered
- (9) Age or service eligibility requirement not met
- (10) Became ineligible after employer amended plan
- (11) Employer dropped plan
- (12) Employer canceled plan for retirees
- (13) Other

-HB83-

Now I have some questions about your former job.

PRESS "ENTER" TO CONTINUE.

-HB84-

In what year did you leave that job?

_____ Year

-HB85-

For how many years did you work for that employer?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Number of Years _____

Number of Months _____

-HB87-

When you worked for that employer, were you covered under a union or employee association contract?

(1) Yes

(2) No

-HB88-

Were you employed by government, by a private company, a non-profit organization, or were you self employed or working in a family business?

(1) Government

(2) Private for profit company

(3) Non-profit organization including tax-exempt

(4) Self-employed, incorporated

(5) Self-employed, unincorporated

(6) Working in a family business

-HB89-

Was that Federal Government, State Government, or Local Government or active-duty Armed Forces?

(1) Federal (civilian only)

(2) State

(3) Local (County, City, Township)

(4) Armed Forces (active duty only)

-HB90-

Was this business or organization mainly:

- (1) Manufacturing
- (2) Retail trade
- (3) Wholesale trade
- (4) Something else

-HB91-

What kind of work did you do, that is what was your occupation?

-HB92-

What were your usual activities or duties at this job?

-HB93-

When you left that job, how much did you usually earn per week before deductions? Include any overtime pay, commissions, or tips usually received.

\$_____ AMT

-HB94-

NOTE TO FR ----The amount entered is unusually large.

- (1) Backup and correct
- (P) Proceed

-HB95-

About how many people were employed at all locations?

SHOW FLASHCARD GG

Note to FR: If respondent appears to have difficulty reading the flashcard, then read the categories to the respondent.

- (1) Less than 10
- (2) 10 - 24
- (3) 25 - 49
- (4) 50 - 99
- (5) 100 - 249
- (6) 250 - 499
- (7) 500 - 999
- (8) 1000+

-HB96-

Would it be fewer than 20 people?

- (1) Yes
- (2) No

-HB98-

Now I would like to ask you a couple of questions about Medicare.

PRESS "ENTER" TO CONTINUE.

-HB99-

Do you expect to be covered by Medicare when you are age 65?

- (1) Yes
- (2) No

-HB100-

Are you postponing any medical care because of costs until you are eligible for Medicare?

- (1) Yes
- (2) No

OMB REQUIRED WELFARE QUESTION

-PAAFS-

You mentioned that you received (public assistance payments/foodstamps). People who receive these benefits often participate in work and training activities. During the time you received these benefits, did you participate in any of the following kinds of activities?

(1) Yes (2) No

Learning how to search for a job?

Actually searching for a job?

Job skills training?

Workfare or community service work?

GED preparation?
